

COMPLETE SOLUTIONS INVESTMENT ONLY PLAN FOR SELF ADMINISTERED SCHEMES

APPLICATION DETAILS

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

	1. Financial Adviser Details	
	Financial Adviser Name	
	Financial Adviser Code	
	FOR OFFICE USE ONLY	
	Proposal Number	
	Proposal Date dd / mm / yyyyy	
If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Associate (RCA) Supplementary Form An explanation of these terms is provided in Supplementary Form You may only pay by	If your Financial Broker or Adviser submits your application the Declarations section of this form. The original application Adviser and not checked by Irish Life. 2. Politically Exposed Person (PEP) (RCA) of a PEP Are you or any of the Beneficiaries, Trustees, Settlors, Appointers of Director, Beneficial Owner (or have been within the last 12 months)	or Relative or Close Associate r in the case of a Company Owner, Yes No
is a single premium or is being made annually	> 3. Payment Details	
and the annual payment exceeds €3,000. Cheques	What regular contributions are to be invested?	€
should be made payable to Irish Life Assurance plc.	On what date are your payments to start?	dd/mm/yyyy
The amount you wish to	> Payment frequency	
invest should be based on 1 the frequency you wish to make payments.	(how often you wish to make payments)? Monthly	Quarterly Half yearly Annually
*This date must be between	What day of the month would you like direct debits taken?	*
1st and 28th of the month. For direct debits to be	> (1st to the 28th of the month only)	dd
combined, all direct debits to be dates must be the same.	> Do you want your regular payments to increase in line with inflation	? Yes No
Contributions will increase	What lump sum amount is to be invested?	€
in line with inflation or a rate set by Irish Life (at present 5% p.a.)	How are payments to be paid?	Direct Debit Cheque
whichever is higher.	Will direct debits be paid from a third party bank account?	Yes No

4. Business Replacement

(To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent.)

Does this proposal replace or partially replace another policy (with us or any other company) which has been cancelled or reduced or is about to be cancelled or reduced?

Yes

No

If this is answered YES, please complete a Business Replacement Summary Form

Under the Occupational Pension Schemes (Investment) Regulations, 2006, trustees cannot invest more than 50% of the scheme's assets in unregulated markets unless the scheme is established as a one-member arrangement which allows that member the discretion to choose their own investments. Property is an example of an unregulated market.

Please refer to your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information.

The minimum initial investment needed to start a Self-Invested Fund is €50,000.

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Global Cash Fund	%
Multi Asset Portfolio Fund 2	%
Multi Asset Portfolio Fund 3	%
Multi Asset Portfolio Fund 4	%
Multi Asset Portfolio Fund 5	%
Multi Asset Portfolio Fund 6	%
Strategic Asset Return Fund	%
Protected Consensus Markets Fund	%
> Self-Invested Fund	%

%
%
%
%
%
%

5b. Additional forms to be completed if Self-Invested Fund is selected

In order to invest in the following asset types we will need the following additional information:

Additional Documentation	Attached?
Property Assessment Questionaire	Yes No
Loan application form (if necessary)	Yes No
Investment Instruction Form	Yes No
	Property Assessment Questionaire Loan application form (if necessary) Investment Instruction Form Investment Instruction Form

As this plan is linked to a Self-administered Pension Scheme, Irish Life Retail cannot act as Registered Administrator as defined in the Pensions Act, 1990 as amended.

6.	Sc	heme	Detail :	5
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Is the scheme (from which payments are being transferred): a) A self-administered Scheme? Yes b) A small self-administered Scheme? Both a) and b) above must be a scheme that has been approved by the Revenue as a self administered pension scheme (SAPS). If the scheme is a small SAPS, this application form should be signed by the Pensioneer Trustee and one other Trustee. The small SAPS should follow special requirements set out by the Revenue in relation to same. Name of Scheme Address for Correspondence Name of Employer Address for Employer (including associated employers) Name of Member Revenue Reference Number Date Scheme Approved Pensions Board Reference No. Is this scheme a defined contribution scheme* OR a defined benefit scheme* *As defined under the Pensions Act, 1990 as amended. Do the rules of the above -named scheme allow for funds to be invested in this insurance policy? No (FOR OFFICE USE ONLY **Complete Solutions Investment Only TICKBOX Profile** IC RC TC PC 1 5% 5% 0% 0% 2 4% 4% 0% 0% 3 3% 3% 0% 0%

4	2%	2%	0%	0%	
5	1%	1%	0%	0%	
6	0%	0%	0%	0%	

Financial Adviser

Proposal Number



INVESTMENT ONLY PLAN FOR SELF ADMINISTERED PENSION SCHEMES (SAPS) PLAN DECLARATIONS

	Customer Name																_														
	If you submit this proposal ele Any words in the singular also				-						-								e"	an	d "	my	/" r	nea	ans	, "o	our	." e	tc.)	
	A. Trustee Declar	at	ic	n																											
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	1st Trustee																														
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	2nd Trustee	
	Trustee Name (BLOCK)	Name of a super such arise day size
Please sign and date	Status >> Signature Address	Name of person authorised to sign X
	Date	
	B. Optional Cons	sent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings. You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

1st Trustee	I agree	I don't agree
2nd Trustee (if applicable)	I agree	I don't agree





Plan Number(s) If this mandate is to cover more than 3 plans, please attach separate instructions. Name of Plan Owner(s) Direct Debit collection date of the month (1st to 28th only)	Please complete all the fields in this Section Plan Number(s) If this mandate is to cover more than 3 plans, please attach separate instructions. Name of Plan Owner(s) Direct Debit collection date	Plan Number(s) If this mandate is to cover more than 3 plans, please attach separate instructions. Name of Plan Owner(s) Direct Debit collection date																								
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Information is correct as of 01/05/2018 and is subject to change. Irish Life Irish Life Assurance plc is regulated by the Central Bank of Ireland.